| Effective October 1, 2001 | | | | | | | | | | |
|--|--|---------------------------|--|------------------|---------------|------------------------|---------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL TYPE | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| TOTA | LICLAIMS | | | | RATE | 1 / 1 | | RATE | FEE | |
| FOR | 1 | NUMBER FI | LED NUMBI | ER EXTRA | BASIC FI | EF 370.00 | OR B | ASC FEE | 7.600 | |
| L | _ CHARGEABLE CLA | JIMS minu | ıs 20= * | | X\$/9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | /X42= | 1/ | OR | X84= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | +140= | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | TOTAL | _ | ļ L | TOTAL | - | |
| CLAIMS AS AMENDED - PART II | | | | | (0 17 11 | | | OTHER | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | OR | SMALLE | | |
| AMENDMENT S | CLAI REMAII AFTI | MS NING ER | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| WE TO | AMEND * | Minus | ** 4 | - / | X\$-9= | | OR | X\$18= | | |
| VENT 10 | dependent * | Minus | *** 20 | = | X42= | | OR | X84= | | |
| ₹ FI | RST PRESENTATION | OF MULTIPLE DEP | ENDENT'CLAIM | | +140= | | OR | +280= | | |
| 11 | . | | | | TOT | | OR , | TOTAL ADDIT. FEE | | |
| ADDIT. FEE | | | | | | | | | | |
| 2 | CLAI REMAI AFT | MS NING ER | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| IENDMENTAS | otal * 3 | Minus | ** 4 | = / | X\$ 9= | | , OR | X\$18= | | |
| | ndependent * X | Minus | *** 99 | = / | X42= | : | OR | X84= | | |
| ₹ F | IRST PRESENTATION | OF MULTIPLE DEP | ENDENT'CLAIM | | +140= | _ | OR | +280= | | |
| | | | | ŀ | 701 | | ای | TOTAL | <u> </u> | |
| | | | | | ADDIT. F | EE L | 1011 | ADDIT. FEE | | |
| | (Colu | | (Column 2) HIGHEST | (Column 3) | | ADDI- | 1 1 | | ADDI- | |
| AMENDMENT C | REMA | INING TER | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | 1 | | RATE | TIONAL FEE | |
| ID W | otal * | Minus | ** | = | X\$ 9: | = | OR | X\$18= | | |
| MEN | ndependent * | Minus | *** | | X42= | = | OR | X84= | | |
| P | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | +140: | = | OR | +280= | | |
| * If 1 | the entry in column 1 is le | ss than the entry in colu | , ımn 2, write "0" in c | olumn 3. | TOT | TAL | OR | TOTAL ADDIT: FEE | | |
| * If the entry in column 1 is less than 20, enter *20." ADDIT. FEE **If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter *3." ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter *3." ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter *3." ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 20, enter *20." ADDIT. FEE ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 20, enter *20." ADDIT. FEE ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter *3." ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter *3." ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter *3." | | | | | | | | | | |
| FORM | PTO-875 (FREV 8/01) | | Contraction of the Contraction o | | Patent and I | ademark Office | J.S. DE | PARTMENT C | F COMMERC | |